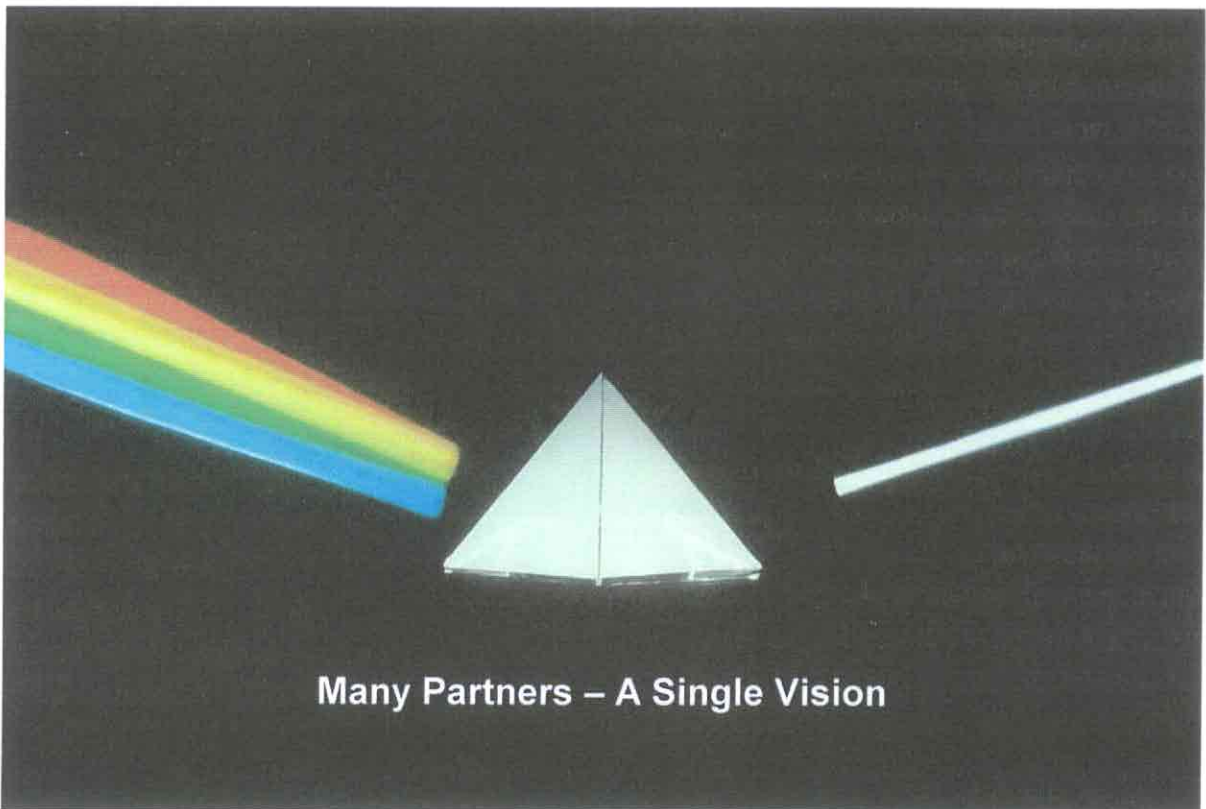


Los Angeles County
Community and Senior Services



Long Term Care Strategic Plan
for the Aged and Disabled:
2003-2006

Assuring independence, dignity and choice.



Executive Summary

This report summarizes the results of a project to develop the first-ever Long Term Care Strategic Plan for the Aged and Disabled of Los Angeles County. Development of the plan was led by the Department of Community and Senior Services (CSS) in response to a March 2000 directive from the Los Angeles County Board of Supervisors. This LTC Strategic Plan was developed by an inclusive mix of community leaders and county representatives through an intensive two-year process and led by the Aging and Adult Services Branch of CSS. The Plan's recommendations are intended to provide a practical framework for the first step of beginning to transform long-term care services in the County.

CSS used three central themes to guide this initial planning effort. First, the Strategic Plan has been collaboratively developed by a broad set of persons who represented major County departments and community organizations – one that encourages the development of new relationships rather than new bureaucracies. Second, the Strategic Plan is practically-focused on producing a basic framework to improve actual service delivery in the short term and the long term; One that includes small steps as well as large steps. Third, the Strategic Plan is operationally-feasible – one that is consistent with recent CSS, departmental, and County-wide strategic plans.

This Strategic Plan summarizes eight leading factors that provide a compelling rationale for launching a strategic approach to long-term care planning at this time. It identifies 14 high-priority critical long-term care issues facing Los Angeles County, proposes a basic mission, values, and vision for long-term care planning by the County during the coming decade, and develops a coherent set of integrated recommendations for improving long-term care service delivery throughout the County during the next 3 years.

These recommendations form the heart of this Strategic Plan and include seven broad *Goals*, 24 general *Strategies* to advance the core goals, and 47 specific *Objectives* to implement the strategies. Six of the goals address the service-oriented areas of concern (#2-#7), while the other (#1) is a meta- goal that transcends concerns common to all six service areas:

- Goal #1 – Stimulate the Coordination of Long-Term Care Services
- Goal #2 – Advance Health Care Services for the Aged and Disabled
- Goal #3 – Enhance Mental Health Care Services for the Aged and Disabled
- Goal #4 – Promote Home & Community-Based Services for the Aged and Disabled
- Goal #5 – Progress Caregiver & Kinship Services for the Aged and Disabled
- Goal #6 – Grow Housing Services for the Aged and Disabled
- Goal #7 – Strengthen Transportation Services for the Aged and Disabled

The Strategic Plan also outlines five practical considerations that will need to be addressed as the County moves forward with implementing these recommendations. Success will depend on the same kind of collaboration and concerted focus that has characterized the planning process. In particular, it will be important to form and nurture a continuum of County-Community partnerships and associations that will promote buy-in and sustain commitment through the development of win-win opportunities in all aspects of the Plan.

LTC Strategic Plan – Detailed Recommendations

Goal #1 – Stimulate the Coordination of Long-Term Care Services

Strategy 1.1 – Establish an Infrastructure to Coordinate Long-Term Care Strategic Planning and implementation in Los Angeles County

Objective 1.1.1 – by the end of Year 1, appoint the Los Angeles County Department of Community and Senior Services (CSS) to oversee coordination of long-term care planning for older adults and adults with disabilities in Los Angeles County, working with existing county and community committees, task forces, and groups wherever possible.

Lead Responsibility: CSS; *Shared Responsibility:* CAO SIB.

Implementation Category: A

Objective 1.1.2 – by the end of Year 1, establish a Long-Term Care Coordinating Council (LTCCC) composed of county, provider, community, and consumer representatives to help advise, implement, and monitor progress on long term care strategic planning and implementation in the County.

Lead Responsibility: CSS; *Shared Responsibility:* DHS; DMH; DPSS; DCFS; CIO; Human Relations Commission; other relevant county and community groups.

Implementation Category: A

Strategy 1.2 – Improve Inter-Agency Coordination and Case Management

Objective 1.2.1 – by the end of Year 2, prepare recommendations for information system capabilities to improve client self-navigation and electronic access to information about long-term care services – including but not limited to best practice examples, preventive and alternative care, and end-of-life care that optimize community resource management while addressing individualized needs and consumer-tracking services.

Lead Responsibility: CIO; *Primary Support:* LTCCC; *Shared Responsibility:* CSS; DHS; DMH; DPSS; DCFS; other relevant county and community groups.

Implementation Category: A, B

Objective 1.2.2 – by the end of Year 1, conduct an inventory of county programs by Service Planning Areas that provide long-term care services for older adults and adults with disabilities to identify the most significant gaps, duplication of services, and unmet needs for long-term care services.

Lead Responsibility: CAO SIB; *Primary Support:* CSS; *Shared Responsibility:* LTCCC; DHS; DMH; DPSS; DCFS; other relevant county and community groups.

Implementation category: A

IMPLEMENTATION CATEGORY:

A = Use of existing resources

B = Pursue new revenue

C = Requires legislative action

Objective 1.2.3 – by the end of Year 2, develop a comprehensive service delivery model to enhance the coordinated delivery of long-term care services, including an integrated case management component, and prepare an action plan to begin its implementation on a county-wide basis.

Lead Responsibility: CSS; *Primary Support:* LTCCC; *Shared Responsibility:* DHS; DMH; DPSS; DCFS; other relevant county and community groups.

Implementation Category: A

Strategy 1.3 – Maximize Revenue and Mitigate Funding Stream Limitations

Objective 1.3.1 – by the end of Year 3, prepare annual aging and disabled services budget and program information that identifies all County programs/budgets that provide long-term care related services for older adults and adults with disabilities in the county, including funding sources; Determine feasibility of incorporating this information into the Children and Family Budget.

Lead Responsibility: CAO SIB; *Shared Responsibility:* All county departments.

Implementation Category: A

Objective 1.3.2 – by the end of Year 3, prepare proposed legislative or regulatory recommendations and actions that would mitigate funding stream limitations, allowing for blending of different funding streams and better integration of services.

Lead Responsibility: LTCCC; *Primary Support:* CAO; *Shared Responsibility:* All county departments.

Implementation Category: A

Objective 1.3.3 – by the end of Year 3, identify possible program waivers that would increase federal and state funding for long-term care programs (e.g., Title XIX – Medicaid)

Lead Responsibility: DPSS; *Primary Support:* CSS; *Shared Responsibility:* LTCCC.

Implementation Category: A

Strategy 1.4 – Enrich Culturally-Appropriate Delivery of Long Term Care Services

Objective 1.4.1 – by the end of Year 1, establish a Long Term Care Inter-Cultural Advisory Committee of the LTCCC to help advise and monitor the delivery of linguistically-specific and culturally-specific long-term care services, including a plan to develop appropriate language translation of major informational and educational materials.

Lead Responsibility: CSS; *Shared Responsibility:* LTCCC; community colleges; school districts; other relevant county and community groups.

Implementation Category: A

IMPLEMENTATION CATEGORY:

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Strategy 1.5 – Foster Advocacy for Older adults and Adults with Disabilities

Objective 1.5.1 – by the end of Year 1, prepare a plan to coordinate advocacy efforts at the federal, state, and local levels for adequate funding, legislative and regulatory administrative action, and community organizing that meets the county's growing need for long-term care services.

Lead Responsibility: CSS; *Shared Responsibility:* LTCCC; other relevant county and community groups.

Implementation Category: A

IMPLEMENTATION CATEGORY:

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Goal #2 – Advance Health Care Services for the Aged and Disabled

Strategy 2.1 – Improve Health Care Services & Coordinated Delivery

Objective 2.1.1 – by the end of Year 3, prepare an action plan to ensure that the safety net responsibilities continue to be met for older adults and adults with disabilities throughout the County.

Lead Responsibility: DHS; *Shared Responsibility:* LTCCC; CSS; other relevant county and community groups.

Implementation Category: A

Objective 2.1.2 – by the end of Year 3, conduct a feasibility study to establish a Geriatric Center of Excellence (GCE) in Los Angeles County, to include such factors as [a] assessing the potential revenue to support the GCE; [b] exploring the benefits/costs of a centralized resource center; [c] integrating geriatric clinics and incorporating the latest geriatric protocols; [d] developing prototypes to test the GCE concept; [e] developing an Adult Day Health Center on the campus of the GCE; [f] determining “best practice” characteristics that can be applied to the GCE; and [g] working with area universities and schools of medicine.

Lead Responsibility: LTCCC; *Shared Responsibility:* DHS; CSS; other relevant county and community groups.

Implementation Category: A, B

Strategy 2.2 – Expand Access to Health Care Services

Objective 2.2.1 – by the end of Year 1, specify requirements for enhanced information system capabilities in the County to improve client self-navigation and electronic access to information about health care-related long term care services.

Lead Responsibility: CIO; *Shared Responsibility:* DHS; CSS; other relevant county and community groups.

Implementation Category: A

Objective 2.2.2 – by the end of Year 3, as funds are identified, develop and launch selected pilot projects to improve access to essential health care-related long term care services.

Lead Responsibility: LTCCC; *Shared Responsibility:* DHS; CSS; DPSS; DMH; DCFS; other relevant county and community groups.

Implementation Category: A, B

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Strategy 2.3 – Promote the Quality of Health Care

Objective 2.3.1 – by the end of Year 2, work with the CAO's Service Integration Action Plan (SIAP) Team to identify exemplary best practices and develop community-acceptable standards in services, programs, and activities for improving the delivery of health care-related long term care services, working in collaboration with service providers, advocacy groups, trade associations, academic institutions, and philanthropic foundations.

Lead Responsibility: LTCCC; *Shared Responsibility:* DHS; CAO SIAP Team; CSS; other relevant county and community groups.

Implementation Category: A

Objective 2.3.2 – by the end of Year 3, pursue new revenue to support an Office of Senior and Disability Health Services within the Department of Health Services (DHS) to provide leadership in coordinating the delivery of county-wide long term care health-related services (including the promotion of health and disease prevention) for older adults and adults with disabilities.

Lead Responsibility: DHS; *Primary Support:* LTCCC; *Shared Responsibility:* CAO; other relevant county and community groups.

Implementation Category: A, B

IMPLEMENTATION CATEGORY:

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Rev. 11/18/02

Goal #3 – Enhance Mental Health Care Services for the Aged and Disabled

Strategy 3.1 – Improve Mental Health Services & Coordinated Delivery

Objective 3.1.1 – by the end of Year 2, improve consistency among mental health, social, and health service providers by working with the Older Adult System of Care Committee to enhance planning and promote on-going sharing of information about issues and services for older adults and adults with disabilities.

Lead Responsibility: DMH; *Shared Responsibility:* CSS; LTCCC; other relevant county and community groups.

Implementation Category: A

Strategy 3.2 – Expand Access to Mental Health Services

Objective 3.2.1 – by the end of Year 2, collect, update, and disseminate user-friendly information to service providers, family and other caregivers, the community at large, and others involved with at-risk and mentally-ill older adults and adults with disabilities.

Lead Responsibility: DMH; *Primary Support:* CIO; *Shared Responsibility:* CSS; LTCCC; DHS; DPSS; DCFS; County Libraries; other relevant county and community groups.

Implementation Category: A, B

Strategy 3.3 – Promote the Quality of Mental Health Care

Objective 3.3.1 – by the end of Year 2, develop and implement a program to evaluate the quality of mental health service delivery within the Department of Mental Health (including its contractors).

Lead Responsibility: DMH; *Shared Responsibility:* CAO SIB; LTCCC; other relevant county and community groups.

Implementation Category: A

Objective 3.3.2 – by the end of Year 1, develop and implement a program to train long-term care service providers, county agencies, and county-wide judicial staff on age-and-cultural competencies in ageism, depression, dementia, suicide, substance abuse, ableism and other issues in order to meet the specialized mental health needs of older adults and adults with disabilities.

Lead Responsibility: DMH; *Shared Responsibility:* CSS; DHR; other relevant county and community groups.

Implementation Category: A, B

IMPLEMENTATION CATEGORY:

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Rev. 11/18/02

Goal #4 – Promote Home and Community-Based Services for the Aged and Disabled

Strategy 4.1 – Improve Coordination of Services and Identify Long-Term Care Services and Resources

Objective 4.1.1 – by the end of Year 2, prepare a comprehensive list of community-wide Long-Term Care Services and Resources available in each Service Planning Area that will be web-accessible to providers of long-term care services and updated regularly.

Lead Responsibility: CIO; *Primary Support:* CSS; *Shared Responsibility:* LTCCC; DPSS; DMH; DCFS; County Libraries; other relevant county and community groups.

Implementation Category: A, B

Strategy 4.2 – Expand Access to Home and Community-Based Services

Objective 4.2.1 – by the end of Year 1, support and publicize local Focal Points (and other providers of long-term care services) as community-based points of entry for information and referral to the full range of long-term care services and resources.

Lead Responsibility: CSS; *Shared Responsibility:* LTCCC; DPSS; DMH; DCFS; County Libraries; other relevant county and community groups.

Implementation Category: A

Objective 4.2.2 – by the end of Year 2, develop an action plan for implementing protocols for agencies to use when coordinating service access and delivery to older adults, adults with disabilities, their families, and other caregivers.

Lead Responsibility: DPSS; *Primary Support:* CSS; *Shared Responsibility:* LTCCC; other relevant county and community groups.

Implementation Category: A

Strategy 4.3 – Promote the Quality of Home and Community-Based Care

Objective 4.3.1 – by the end of Year 2, identify opportunities (including training) for case managers and social workers in major county programs (e.g., Integrated Care Management, Adult Protective Services, In-Home Supportive Services) to enhance the delivery of case management and integrated service delivery.

Lead Responsibility: CSS; *Primary Support:* DPSS; *Shared Responsibility:* LTCCC; other relevant county and community groups.

Implementation Category: A

IMPLEMENTATION CATEGORY:

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Rev. 11/18/02

Objective 4.3.2 – by the end of Year 2, develop and implement a program to train caregivers, case managers, and social workers on the concepts of independent living and self-directed care to enhance service delivery and ensure that services are delivered in a manner that provides older adults and adults with disabilities with the greatest level of dignity and control.

Lead Responsibility: LTCCC; *Primary Support:* OAAC; *Shared Responsibility:* DPSS; CSS; DHR; other relevant county and community groups.

Implementation Category: A, B

Objective 4.3.3 – by the end of Year 1, identify opportunities for older adults and adults with disabilities to enhance self-directed care.

Lead Responsibility: CSS; DPSS; *Shared Responsibility:* LTCCC; ACCESS; other relevant county and community groups.

Implementation Category: A

Objective 4.3.4 – by the end of Year 1, establish standards for service delivery and accountability (including customer satisfaction) that are client-centered and built on informal care in the context of families.

Lead Responsibility: CSS; *Primary Support:* DPSS; *Shared Responsibility:* LTCCC; CAO SIAP Team; other relevant county and community groups.

Implementation Category: A

Objective 4.3.5 – by the end of Year 2, identify products, equipment and devices and develop a list of these resources which can be used to increase the independence and independent living options of older adults and adults with disabilities.

Lead Responsibility: LTCCC; *Shared Responsibility:* OAAC; other relevant county and community groups.

Implementation Category: A

IMPLEMENTATION CATEGORY:

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LTC Goal #5 – Progress Caregiver and Kinship Services for the Aged and Disabled

Strategy 5.1 – Improve Caregiver and Kinship Services and Coordinated Delivery

Objective 5.1.1 – by the end of Year 3, develop web-based services for family and kinship caregivers.

Lead Responsibility: CSS; *Shared Responsibility:* DPSS; KCCC; other relevant county and community groups.

Implementation Category: A, B

Objective 5.1.2 – by the end of Year 1, prepare an action plan for improving coordination of caregiver and kinship services based on a review of best practice models, by working with the kinship care community.

Lead Responsibility: CSS; *Shared Responsibility:* DPSS; DCFS; KCCC; Foster Parent Associations; Grandparents as Parents; Grandma's Angels; other relevant county and community groups.

Implementation Category: A

Strategy 5.2 – Expand Access to Caregiver and Kinship Services

Objective 5.2.1 – by the end of Year 2, collect, update, and disseminate information (including training opportunities) about the needs and options of caregivers to service providers, the community at large, and others involved with older adults and adults with disabilities.

Lead Responsibility: CSS; *Shared Responsibility:* DPSS; DMH; DCFS; KCCC; Community Colleges Foundation; County Libraries; other relevant county and community groups.

Implementation Category: A, B

Strategy 5.3 – Promote the Quality of Caregiver and Kinship Services

Objective 5.3.1 – by the end of Year 1, prepare an action plan to provide a variety of respite care options that are individualized to meet the needs of caregivers on a widely-available basis.

Lead Responsibility: CSS; *Shared Responsibility:* DMH; KCCC; other relevant county and community groups.

Implementation Category: A

Objective 5.3.2 – by the end of Year 3, develop and implement a program within the Los Angeles County government workforce to assess County employee caregiver needs and link with caregiver services.

Lead Responsibility: CSS; DHR; *Shared Responsibility:* CAO SIB; DPSS; DMH; KCCC; other relevant county and community groups.

Implementation Category: A, B

IMPLEMENTATION CATEGORY:

A = Use of existing resources

B = Pursue new revenue

C = Requires legislative action

Goal #6 – Grow Housing Services for the Aged and Disabled

Strategy 6.1 – Improve Housing Services by Coordinating Delivery of Services, Expanding Availability of Affordable Housing, and Enhancing Funding

Objective 6.1.1 – by the end of Year 2, prepare a plan to establish a county-wide Housing Trust Fund and municipal housing funds in other County jurisdictions.

Lead Responsibility: CDC; *Shared Responsibility:* LTCCC; other relevant county and community groups.

Implementation Category: A

Objective 6.1.2 – by the end of Year 1, advocate at the state level for legislation or related legislative action to enable the issuance of bonds for affordable housing such as SB 1227.

Lead Responsibility: LTCCC; *Primary Support:* CSS; *Shared Responsibility:* CDC; other relevant county and community groups.

Implementation Category: A, C

Objective 6.1.3 – by the end of Year 1, create and promote among elected officials, decision-makers and planners the awareness of the “age wave” (demographic trend of the aging population and disabled adults,) and its specific housing needs and include specific references to these housing needs in legislation, regulatory and administrative actions which may have bearing on the supply of affordable housing.

Lead Responsibility: LTCCC; *Primary Support:* CSS; *Shared Responsibility:* CDC; other relevant county and community groups.

Implementation Category: A

Strategy 6.2 – Expand Access to Housing Services

Objective 6.2.1 – by the end of Year 2, collect, update, and disseminate information about housing availability and eligibility to every public and private agency serving older adults and adults with disabilities.

Lead Responsibility: CSS; *Primary Support:* CIO; *Shared Responsibility:* LAHSA; CDC; DPSS; DMH; DCFS; County Libraries; other relevant county and community groups.

Implementation Category: A

Strategy 6.3 – Promote the Quality of Housing Services

Objective 6.3.1 – by the end of Year 1, begin working with the housing development community to create an assisted living model that includes affordable housing and services for older adults and adults with disabilities.

Lead Responsibility: CSS; *Primary Support:* CDC; *Shared Responsibility:* LTCCC; other relevant county and community groups.

Implementation Category: A

IMPLEMENTATION CATEGORY:

A = Use of existing resources

B = Pursue new revenue

C = Requires legislative action

Objective 6.3.2 – by the end of Year 2, develop and implement a public awareness/ education plan for the county, cities, elected officials, planners and developers of housing on the principles of universal design standards and encourage appropriate County agencies to participate in the development of these principles into the County's General Plan for new housing projects through uniform state-wide regulations that do not significantly impact cost and affordability.

Lead Responsibility: LTCCC; *Primary Support:* CSS; *Shared Responsibility:* CDC; DRP; other relevant county and community groups.

Implementation Category: A

Strategy 6.4 – Expand Housing Capacities for the Homeless

Objective 6.4.1 – by the end of Year 2, develop a rent-to-prevent-eviction program that specifically targets at-risk older adults and adults with disabilities.

Lead Responsibility: LAHSA; *Shared Responsibility:* CSS; DPSS; DMH; CDC; other relevant county and community groups.

Implementation Category: A, B

Objective 6.4.2 – by the end of Year 2, prepare an action plan to increase the number of emergency, transitional, accessible, and permanent housing units required to meet the current and projected needs of homeless older adults and adults with disabilities.

Lead Responsibility: LAHSA; *Primary Support:* CDC; *Shared Responsibility:* Los Angeles City Housing Department; Los Angeles City Community Redevelopment Agency; other municipal housing authorities; other relevant county and community groups.

Implementation Category: A

IMPLEMENTATION CATEGORY:

A = Use of existing resources

B = Pursue new revenue

C = Requires legislative action

Goal #7 – Strengthen Transportation Services for the Aged and Disabled

Strategy 7.1 – Improve Transportation Services by Coordinating Delivery of Services, Increasing Options, and Enhancing Funding

Objective 7.1.1 – by the end of Year 2, develop a countywide strategic plan for the coordination of health and human services transportation and public transportation which integrates transportation services for older adults and adults with disabilities including the identification of strategies such as incentives, to cross boundaries and share resources.

Lead Responsibility: LTCCC; *Primary Support:* MTA; *Shared Responsibility:* CSS; ACCESS/CTSA; other relevant county, cities and community groups.

Implementation Category: A, B

Objective 7.1.2 – by the end of Year 2, develop a plan that identifies transportation service gaps for older adults and adults with disabilities in the County of Los Angeles and provides recommendations for eliminating the gaps.

Lead Responsibility: LTCCC; *Primary Support:* MTA; CSS; *Shared Responsibility:* DPW; ACCESS/CTSA; other relevant county, cities and community groups.

Implementation Category: A

Objective 7.1.3 – by the end of Year 3, advocate at the federal, state, and local levels for approval of transportation as a required Activity of Daily Living (ADL) in long-term care services for older adults and adults with disabilities.

Lead Responsibility: MTA; *Primary Support:* LTCCC; *Shared Responsibility:* ACCESS/CTSA; other relevant county, cities and community groups.

Implementation Category: A, C

Strategy 7.2 – Expand Access to Transportation Services by Developing a Comprehensive Transportation Information Center for Consumers

Objective 7.2.1 – by the end of Year 3, prepare a comprehensive, rapidly updateable (internet) database and associated marketing plan to inform the public about transportation services available to older adults and adults with disabilities that can be shared with health care, social service, and mental health providers.

Lead Responsibility: MTA; *Primary Support:* CIO; *Shared Responsibility:* CTSA; CSS; DPW; ACCESS/CTSA; other relevant county, cities and community groups.

Implementation Category: A, B

IMPLEMENTATION CATEGORY:

A = Use of existing resources

B = Pursue new revenue

C = Requires legislative action

Strategy 7.3 – Promote the Quality of Transportation Services

Objective 7.3.1 – by the end of Year 2, develop and implement county-wide transportation service quality standards to eliminate service deficiencies (including those in customer service, service delivery, vehicle maintenance, driver sensitivity.)

Lead Responsibility: LTCCC; *Primary Support:* MTA; *Shared Responsibility:* MTA contractors; CSS; DPW; ACCESS/CTSA; other relevant county, cities and community groups.

Implementation Category: A, B

Objective 7.3.2 – by the end of Year 2, develop and implement a plan to provide volunteers and/or other transportation assistants, including escorts, to meet the needs of frail older adults who need assistance or door-to-door service.

Lead Responsibility: LTCCC; *Primary Support:* ACCESS/CTSA; *Shared Responsibility:* MTA; MTA contractors; CSS; other relevant county, cities and community groups.

Implementation Category: A, B

IMPLEMENTATION CATEGORY:

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